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From: Michael R. Ward - Reg. No.38,651

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RE: Serial No.: 10/821,710
Title: CONTROL OF GENE EXPRESSION
Filed: April 8, 2004
Inventors: Michael W. GRAHAM et al.
Group Art Unit: 1636
Examiner: D. Sullivan
Atty Docket No: 546322000304

Attachments:

- 1) Transmittal (1 page)
- 2) Fee Transmittal PTO/SB/17 (in duplicate for fee processing - 2 pages)
- 2) Supplemental Information Disclosure Statement w/ Form PTO/SB/08a/b (4 pages)

Comments:

Please see attached documents. Thank you.

PTO/SB/21 (08-03)

Approved for use through 07/31/2008. OMB 0651-0031
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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	10/821,710
		Filing Date	April 8, 2004
		First Named Inventor	Michael W. GRAHAM
		Art Unit	1636
		Examiner Name	D. Sullivan
Total Number of Pages in This Submission	7	Attorney Docket Number	546322000304

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate for fee processing - 2 pgs) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement w/ Form PTO/SB/08a/b (4 pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Facsimile Cover Sheet, not included with this page count
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	MORRISON & FOERSTER LLP (Customer No. 20872) Michael R. Ward - Reg. No. 38,651
Signature	<i>Michael R. Ward</i>
Date	February 25, 2005

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9308, on the date shown below:	
Dated: February 25, 2005	Signature: <i>Leah M. Kottler</i> (Leah M. Kottler)

sf-1879922

PTO/SB/17 (12-04)
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Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known					
<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2005</h2>		Application Number	10/821,710				
		Filing Date	April 8, 2004				
		First Named Inventor	Michael W. GRAHAM				
		Examiner Name	D. Sullivan				
		Art Unit	1838				
		Attorney Docket No.	546322000304				
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27							
TOTAL AMOUNT OF PAYMENT	(\$) 180.00						
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25					
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100					
Multiple dependent claims	360	180					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	
20 =	x		0.00				
						0.00	
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
3 =	x		0.00				
3. APPLICATION SIZE FEE							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
100 =		150	(round up to a whole number) x	0.00			
4. OTHER FEE(S)							
	Fee Paid (\$)						
Non-English Specification, \$130 fee (no small entity discount)	0.00						
Other: 1806 Submission of an Information Disclosure Statement	180.00						
SUBMITTED BY							
Signature: <u>Michael R. Ward</u>	Registration No. (Attorney/Agent): <u>38,651</u>	Telephone: <u>(415) 288-8237</u>					
Name (Print/Type): <u>Michael R. Ward</u>			Date: <u>February 25, 2005</u>				

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-8308, on the date shown below:

Dated: February 25 2005

Signature: Leah M. Kellen (Leah M. Kellen)

sf-1879939

FEB 25 2005

PATENT
Docket No. 546322000304

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9306, on the date shown below:

Date of Deposit: February 25, 2005


Leah Kjellen

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of:

Michael W. GRAHAM et al.

Serial No.: 10/821,710

Filing Date: April 8, 2004

For: CONTROL OF GENE EXPRESSION

Examiner: D. Sullivan

Group Art Unit: 1636

SUPPLEMENTAL INFORMATION DISCLOSURE
STATEMENT UNDER 37 C.F.R. § 1.97 & 1.98

MAIL STOP: AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. § 1.97 and § 1.98, Applicants submit for consideration in the above-identified application the documents listed on the attached Form PTO/SB/08a/b. Copies of the documents were previously submitted in an Information Disclosure Statement and/or Office Action, directed to the related application Serial Number US 09/646,807, filed December 5, 2000, and, accordingly, copies are not included herewith. This protocol conforms with 37 C.F.R. § 1.98(d) and M.P.E.P. 609(A)(2). The Examiner is requested to make these documents of record in the application.

sf-1878212

Application Serial No. 10/821,710
Supplemental Information Disclosure Statement

2

Docket No. 546322000304

This Information Disclosure Statement is submitted:

- ☐ With the application; accordingly, no fee or separate requirements are required.
- ☐ Before the mailing of a first Office Action after the filing of a Request for Continued Examination under § 1.114. However, if applicable, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided.
- ☐ Within three months of the application filing date or before mailing of a first Office Action on the merits; accordingly, no fee or separate requirements are required. However, if applicable, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided.
- ☒ After receipt of a first Office Action on the merits but before mailing of a final Office Action or Notice of Allowance.
 - ☐ A fee is required. A check in the amount of ___ is enclosed.
 - ☒ A fee is required. Accordingly, a Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.
 - ☐ A Certification under 37 C.F.R. § 1.97(e) is provided above; accordingly, no fee is believed to be due.
- ☐ After mailing of a final Office Action or Notice of Allowance, but before payment of the issue fee.
 - ☐ A Certification under 37 C.F.R. § 1.97(e) is provided above and a check in the amount of ___ is enclosed.
 - ☐ A Certification under 37 C.F.R. § 1.97(e) is provided above and a Fee Transmittal form (PTO/SB/17 is attached to this submission in duplicate.)

Applicants would appreciate the Examiner initialing and returning the Form PTO/SB/08a/b, indicating that the information has been considered and made of record herein.

The information contained in this Supplemental Information Disclosure Statement under 37 C.F.R. § 1.97 and § 1.98 is not to be construed as a representation that: (i) a complete search has been made; (ii) additional information material to the examination of this application does

Application Serial No. 10/821,710
Supplemental Information Disclosure Statement

3

Docket No. 546322000304

not exist; (iii) the information, protocols, results and the like reported by third parties are accurate or enabling; or (iv) the above information constitutes prior art to the subject invention.

In the unlikely event that the transmittal form is separated from this document and the Patent Office determines that an extension and/or other relief (such as payment of a fee under 37 C.F.R. § 1.17 (p)) is required, Applicants petition for any required relief including extensions of time and authorize the Commissioner to charge the cost of such petitions and/or other fees due in connection with the filing of this document to Deposit Account No. 03-1952 referencing 546322000304. However, the Commissioner is not authorized to charge the cost of the issue fee to the Deposit Account.

Dated: February 25, 2005

Respectfully submitted,

By: Michael R. Ward
Michael R. Ward
Registration No. 38,651

Morrison & Foerster LLP
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ALTERNATIVE TO PTO/SB/08a/b (06-03)

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)			Complete if Known		
			Application Number	10/821,710	
			Filing Date	April 8, 2004	
			First Named Inventor	Michael W. GRAHAM	
			Art Unit	1836	
			Examiner Name	D. Sullivan	
Sheet	1	of	1	Attorney Docket Number	546322000304

U.S. PATENT DOCUMENTS					
Examiner Initials ¹	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number+Kind Code ² (if known)			
	AA	US 5,578,716	11-28-1996	Szyf et al.	
	AB	US 5,998,383	12-07-1999	Wright et al.	

FOREIGN PATENT DOCUMENTS						
Examiner Initials ¹	Cite No. ¹	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ²
		Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)	MM-DD-YYYY			
	BA	WO 95/15378	06-08-1995			

¹EXAMINER: Initial if information considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ²Applicant's unique citation designation number (optional). ³See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 801.04. ⁴Enter Office that issued the document, by the two-letter code (WIPO Standard ST.2). ⁵For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁶Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁷Applicant is to place a check mark here if English language Translation is attached.

NON PATENT LITERATURE DOCUMENTS				
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.		T ²
	CA	Agrawal et al. (2000) "Antisense therapeutics: is it as simple as complementary base recognition?" Molecular Medicine Today 6: 72-81.		
	CB	Cameron et al. (1994) "Multiple Domains in a Ribozyme Construct Confer Increased Suppressive Activity in Monkey Cells" Antisense Research and Development 4: 87-94.		
	CC	Jen et al. (2000) "Suppression of Gene Expression by Targeted Disruption of Messenger RNA: Available Options and Current Strategies" Stem Cells 18: 307-319.		
	CD	Opalinska et al. (2002) "Nucleic-Acid Therapeutics: Basic Principles and Recent Applications" Nature Reviews 1: 503-514.		

¹EXAMINER: Initial if information considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

²Applicant's unique citation designation number (optional). ³Applicant is to place a check mark here if English language Translation is attached.

Examiner Signature		Date Considered	
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sf-1876558